

POSITION	INITIALS	ID NO.	DATE
	AS		08/20/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		59	823
FORMALITY REVIEW	H-S	JL 866	10-03-00
RESPONSE FORMALITY REVIEW	jpb	1030	4-13-01

**BEST AVAILABLE COPY**

**INDEX OF CLAIMS**

✓	..... Rejected	N	..... Non-elected
=	..... Allowed	I	..... Interference
-	(Through numeral)..... Canceled	A	..... Appeal
÷	..... Restricted	O	..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
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Claim	Date
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If more than 150 claims or 10 actions  
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